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Letters to the Editor

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Letters to the Editor

Institutional Cooperation

To the Editor:

James F. Keenan, S.J., needs to be brought into the real world in regard to his article, "Institutional Cooperation and the Ethical and Religious Directives" (*Linacre Quarterly*, Aug. 97).

First, I take issue with him in regard to his perceived lack of a major research facility working in reproductive technology. Quite to the contrary, exists the Pope Paul VI Institute for the Study of Human Reproduction and the emerging science of NaProTechnology. Many infertile couples have been properly diagnosed and treated based upon the principles of both *Humanae Vitae* and *Donum Vitae*.

Evangelium Vitae has been allowed to come to life because of the work under the direction of Tom Hilgers, M.D. The dignity of the woman, the marriage, and the unborn are protected and successfully treated beyond artificial reproductive techniques. He is training other physicians, nurses, and other allied professionals in this work. Amazingly, the stumbling block is the mainstream Catholic institutions that have not professionalized these services for their respective communities.

What is more amazing, however, is Rev. Keenan's allusion to Catholic nurses being able to "ethically" pursue their work in a Catholic health care facility, because of institutional support! It is precisely the opposite. It is far more difficult in

the present day for a Catholic to work in a Catholic health care facility, because of "compromise", indifference and acquiescence. I speak to the area of Obstetrics and Gynecology.

In no way is this an indictment of those hired by the religious to carry on their mission. They are chosen for their business acumen, not their understanding of Catholic ethics. Most have had little or no education in this regard (Who is the "laity" he refers to?). They may adhere to "no abortion", but the Catholic vision is gone.

What do the hundreds of Catholic physicians and nurses do? In many cases, such as mine, the conscience clause in medicine allows us to effectively pursue careers in the non-Catholic setting. As a professional, I had far more respect because of my beliefs at those institutions.

Let's explore "duress, immediate material cooperation, and episcopal judgement" in the case of sterilization, as this is the example Rev. Keenan gives. Again, this is the real world. He couldn't have picked a more perfect illustration, that speaks to truth in ethics.

Yes, the bishop approved the procedure to be done, but what background does he possess in Obstetrics and Gynecology and who were his advisors? Thirty years ago, tubal ligation after a certain number of C-sections may have been standard in some OB-GYN practices, but nowadays VBAC (vaginal birth after C-section) is the norm. Speaking of in

vitro, this is the procedure most successfully done after one has had a tubal, with all the accoutrements of embryo wastage, selective abortion, invasive procedures, and high medical costs.

In validating a couple's decision to limit size of their family after C-section, the licit use of natural family planning needs to be offered in a professional service program promoted by physician and institution. The Catholic health care facility and system should have in place and with full complement an educated nursing and physician staff as to the value of NFP – including its reliability and health benefits.

What is the real scandal of material cooperation? It negates the Church teaching in regard to reproductive issues. It places the Catholic or other personnel that do not want to be involved in the procedure in a difficult work situation. It causes tension in the department, and also negates the conscience clause. If one protests, the procedure becomes clandestine. The physicians that have successfully won approval for sterilization wallow in their beating Catholic teaching, and wait for the next step.

All in OB-GYN have seen pregnancies occur after tubal ligation, which often result in ectopic pregnancy. This is life-threatening to the woman. Standards in OB-GYN and NFP have so improved for benefit of the woman, that the Catholic hospital needs to take the high road to excellence and truth in procedures and programs.

—Maureen Scagliotti, RN, CNFPF
Fremont, CA

To the Editor:

The article by Fr. James F. Keenan, (Aug 97) is not without problems.

A doctor who "urges" a person with AIDS to use a condom because he insists on having intercourse intrudes himself into a lethal pastime. Statistically, one intercourse in seven with condom would transmit AIDS (15%, see Dr. Jacques Suaudeau, *Medicina e Morale*, 1997/4 pp. 689-720). Tell the patient to quit intercourse or go elsewhere. Urging condoms instead of self control is pouring gasoline on the AIDS fire.

No Catholic University may conduct IVF practices because IVF is black evil, unyielding to the best of wishful thinking. IVF practiced for whatever reason – for "maintaining interests in promoting human life" or "to limit embryonic wastage" or to protect the values that the Church teaches, or to find an alternative method (Keenan p. 65) – is a textbook case of "doing evil to achieve good". St. Paul knew what to say about that: "And why not do evil that good may come? – as some people slanderously charge us with saying. Their condemnation is just." (Rom 3:8) It's like torching oneself and dying in flames for a "good cause". No one does good by going to hell and cursing God there, to get others into Heaven. IVF is against God's commandment, "Thou shalt not." Ditto for abortion, contraception, contraceptive sterilization, assisted suicide, anything intrinsically evil. Good intentions don't baptize evil acts.

When negotiating to consolidate, ways must be devised to avoid "doing a little bit of evil in order to achieve a greater good."

Then what about "Duress"? If the choice is closing a Catholic hospital or consolidating with one which does intrinsically evil practices, negotiate adamantly to isolate the evil from Catholic participation. Separate the entrances completely, the main one being for general hospital practices, the back door for the evil ones. If it seems clumsy, all the better. If it causes administrative hassles, good! All such extra efforts give witness to the Catholic unnegotiable position against these evils.

Referrals? Because of the "Duress" factor, clients requesting the evil treatments might be directed out of the hospital and to the other entrance. A sign there should indicate that this segregated part of the building is under separate management. This prevents much scandal, and is an effective teaching device.

— Fr. Anthony Zimmerman
Nagoya, Japan

Herbert Ratner, M.D. Influenced Japan

To the Editor:

The following is reprinted from my *Catholic Teachings on Pro-Life Issues*, Humanae Vitae Research Institute, 26Chuo-ku, Tsurumizu shi, Kagoshima Ken, Japan, 891-21.

"Those who tried to legalize sale of the Pill in Japan, with the excuse that this might prevent abortions, have failed to convince the public that this would be a wise move. Parents who have so far generally kept raw sex education out of schools in Japan have wisely reasoned that Pills

on the market would tend to demoralize youth. Recently, another drive to legalize Pills in Japan ended in failure.

"The Welfare Ministry decided in the early 1960s against legalizing the contraceptive Pill in Japan, due in no small measure to the advice of Dr. Yoshio Koya, who was then a powerful advisor to the government, who was also President of the Family Planning Federation of Japan at the time. I visited Dr. Koya from time to time, taking with me stacks of data provided by Dr. Herbert Ratner, public health official of Oak Park, near Chicago. Perhaps no doctor in the world has so thoroughly discredited the Pill as Dr. Ratner did in those early days. Dr. Koya, for whatever other reasons he might have had, then worked to dissuade government officials from legalizing the Pill for birth control in Japan. He and other dissuaders told about damage to health inflicted by the Pill, not only to users but to their offspring and to future generations. Their opposition carried the day, and the government decision to ban the Pill has held until now."

I noted in my diary, November 8, 1964, that I delivered to Dr. Koya information I received from Dr. Ratner. On November 19, Dr. Koya was confident that the Welfare Ministry would not authorize the use of the Pill. Thanks in great part to Dr. Ratner! To this day, Japan bans the birth control pill. May the Lord keep it so and may He reward Dr. Ratner for this immense favor to millions of families in Japan.

—Fr. Anthony Zimmerman
Nagoya, Japan